

**MURRAY CITY POLICE DEPARTMENT  
G.R.A.M.A RECORDS REQUEST**

Date: \_\_\_\_\_ Case#: \_\_\_\_\_

Requestor Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

In accordance with the Government Records Access Management Act, I am requesting to  
☐ View ☐ Receive Copy of the following record(s) specifically described:

---

---

---

if additional space is needed, please attach a separate sheet

Which I believe were collected, filed and/or used by the following:

Murray City Police Department  
5025 S State St  
Murray, UT 84123  
(801) 264-2673

If requested records are not public, explain why you believe you are entitled to access:

- ☐ I am the subject of the record  
☐ I am the person who provided the information  
☐ I am authorized to have access by the subject of the record or by the person who submitted the information. (Documentation required by UCA 63-2-202 is attached)  
☐ Other (Explain) \_\_\_\_\_

**PLEASE READ THE FOLLOWING BEFORE SIGNING THIS REQUEST**

*Your request for records will be processed in accordance with the requirements of the Government Records Access Management Act (GRAMA), 63-2-101, U.C.A. Your request will be handled as soon as reasonably possible, but may take up to (10) ten business days to be granted. The records that may be provided to you, subsequent to your request, may contain information that is classified as "Protected", and will be edited in accordance with GRAMA and may only be disclosed under certain circumstances, 63-2-2-2 (U.C.A.). I understand that there is no charge to view a record. If I have asked to have records copied, I agree to pay a reasonable fee to cover the Police Department's actual cost of compiling and duplicating the records, not to exceed \$5.00 per report.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR DEPARTMENT USE ONLY – DO NOT WRITE IN THIS AREA**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
ID \_\_\_ Paid \$ \_\_\_\_\_ /or Fee Waived By: \_\_\_\_\_ Date: \_\_\_\_\_  
Report(s) Released: \_\_\_ Mailed \_\_\_ In Person By: \_\_\_\_\_ Date: \_\_\_\_\_  
Denied By & Reason: \_\_\_\_\_  
Denial Letter Mailed: \_\_\_\_\_